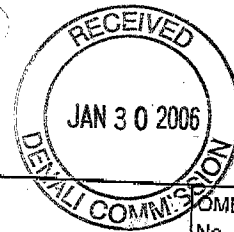


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 187-05		OMB Approval No. 0348-0038		Page of 1 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) City of Buckland P.O. Box 49, Buckland, Alaska 99727							
4. Employer Identification Number 92-0048749		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 8/1/2005		To: (Month, Day, Year) 12/30/2005		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2005		To: (Month, Day, Year) 12/30/2005	
10. Transactions:				I Previously Reported		II This Period	
				III Cumulative			
a. Total outlays				70,000.00		30,000.00	
b. Recipient share of outlays				0.00		8,600.00	
c. Federal share of outlays				70,000.00		30,000.00	
d. Total unliquidated obligations						100,000.00	
e. Recipient share of unliquidated obligations						0.00	
f. Federal share of unliquidated obligations						0.00	
g. Total Federal share (Sum of lines c and f)						0.00	
h. Total Federal funds authorized for this funding period						100,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)						100,000.00	
						0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate		c. Base		d. Total Amount	
						e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Darlene B. Hadley, City Administrator				Telephone (Area code, number and extension) (907)494-2121			
Signature of Authorized Certifying Official <i>Darlene B Hadley</i>				Date Report Submitted January 30, 2006			

NSN 7540-01-218-4387

269-202

Standard Form 209A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111

ACCEPTED